



HAWAII'S
WORLD

By A.A. Smyser

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Legislature acted to help hospice care

Third of four articles

OVER 40 years ago, Cicely Saunders, a London nurse, was so disturbed by the pain and suffering of dying patients that she studied for a medical degree to allow her to open a home to treat them more humanely. Its emphasis: comfort over curing.

In 1967 she opened St. Christopher's Hospice in London. Its success has led to some 3,000 hospices in America – including seven in Hawaii with an eighth to come.

Hospice care is a concept, not a place. It can be delivered at home as well as in an institution. Its core concept is to alleviate pain, promote mental as well as physical comfort and work for "good dying" that makes patients abandon any idea of crying out for death.

Now 80, and knighted, Dame Saunders has left active management but still visits St. Christopher's patients.

A peaceful death after coming to terms with dying still eludes some patients, she said recently, but the good work she started has helped more than a million people.

St. Francis Medical Center opened Hawaii's first hospice in 1978. Initially few doctors would refer

patients. Now hundreds make referrals but many still wait too long.

Hospices come closest to their goal when they have a few months to comfort and adjust patients and families before death. The median for Hawaii referrals is just over three weeks. Some come just a day or two before death – far, far too late.

The core concept of hospice care is to alleviate pain, promote mental as well as physical comfort and work for "good dying" that makes patients abandon any idea of crying out for death

Hawaii hospices are uniformly overjoyed by this year's passage by the Legislature of House Bill 172 to carry out recommendations of Governor Cayetano's Blue Ribbon Panel on Living and Dying With Dignity, on which I served.

These will:

- ▶ Require insurers to cover hospice consultations.

- ▶ Require insurers to pay

for bed and board in hospice care homes.

- ▶ Allow new care homes with no more than five patients to locate in residential districts. (Believe me, they can be good neighbors. One in Kailua is vastly helped by friendly neighborhood volunteers.)

Prior to seeking hospice care, patients may be under home care with insurance subsidy for skilled nursing visits, in a rehabilitation hospital, in a skilled-care home or under private care.

TIGHTENED federal allowances for Medicare and Medicaid have been a factor in the closing of five of 22 Hawaii home health-care programs, including those of Straub, Kapiolani and Kahuku hospitals and a Waianae program.

Competition for federal and private insurance dollars may be a consideration in late hospice referrals.

Guidance to find out what is best for any patient may be sought from the state's Executive Office on Aging (586-0100), St. Francis Hospice (595-7566), Hospice Hawaii (924-9255), Hawaii Association for Home Care (735-2970) or Long Term Care Hawaii (593-8111) and, for legal concerns, the Elder Law program at the University of Hawaii (956-9439).

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